

COMMUNITY HEALTH PARTNERSHIP
CHIKWAWA DISTRICT

PROGRESS REPORT

FOR

6TH QUARTER - JULY TO SEPTEMBER 1999

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INTRODUCTION

Most activities planned for July to September 1999 have been carried out. Staff members have developed encouraging interests in developing day to day work plans. Most of these were completed as planned through continuous guiding and coaching.

The plans for this quarter included those activities that were carried forward from April/June quarter and those for the year July/September 1999.

ACTIVITIES

CAPACITY BUILDING

July to September 1999 Plans

- a. Identification for consultant to help in the development of the accounting system and setting up an accounting system
- b Procurement of a second computer for MOHP
- Identification for consultant to help in the development of the accounting system
- c Radio communication system
- d. IEC needs assessment, training and material development and testing.
- e. QA at health center level
- f. Construction at Ngabu Rural Hospital
- g VSC training
- h. Health Information System
- i. District administration and management
 - Cost sharing plan
 - Open staff appraisals
 - Staff and budget meetings

1. Achievements

a. Accounting System

University Research Corporation have identified a consultant to assist the district on the accounting system. The TA will be at the district in the third quarter. Meanwhile, the CHAPS IEF, Systems Advisor will continue to prepare the account's clerk on basic computer techniques and Lotus.

RADIO COMMUNICATION BETWEEN HEALTH FACILITIES

All the radios except one are fully functional. The radio that was installed on the ambulance had was found to be very useful in cutting down on running milage and time saving for patients. The DHMT therefore suggested that radios would useful if installed to all ambulances. The approved budget was reviewed and found that these additional radios could adequately be covered. Pitronic were conducted for installation and these would be installed any time the ambulances get free for Pitronic workshop.

During the rainy season, for about six months, river Mwanza cuts off road communication for Gaga, Chithumba and Changambika health centers, from Chikwawa District Hospital. The radios that were installed will therefore, be prograded to Mwanza District Hospital. These have already been taken to Pitronic, programmed and ready for refitting. The move will then enable the three health centers to communicate to either Chikwawa or Mwanza District Hospitals.

QUALITY ASSURANCE

a. Development of the District's Core Team

Mr. D. Makanjira, Clinical Officer, Mr. S. Mulenga, Environmental Health Officer, Mr. Chisinga. Environmental Health Assistant and Mrs. Chikopa, Senior Psychiatrist Nurse Midwife were selected for a two week QA TOT and Coaching workshop was held at Mangochi by QA team in August 1999.

The goal of the workshop was to equip QA Trainers and Coaches with knowledge and skills necessary to conduct facility based QA training in problem solving.

During the training the team selected six health facilities to start training staff on QA and assist them in setting Health Center level QA teams. The six selected were Chikwawa District Hospital, Ngabu Rural Hospital, Mapelera H/C, Makhwira H/C, Chapananga H/C and Gaga.

Since the team came back from Mangochi they have carried out training and set teams at NRH. During this first training, the team was supervised and assisted by Lynette Malianga and Ms Naisho. The team was set into groups of two. Since then, they have trained QA teams at Gaga and Chapananga Health centers.

Nine health workers were trained in NRH, eight in Chapananga and five in Gaga health centers.

TRAINING SUPPORTED DIRECTLY BY USAID

Following the DHMT and Kelly discussions on training needs for Chikwawa, three staff members have been sent to different workshops or conferences. Mr. K. Chikonde, Senior Clinical Officer and Acting DHO was sent to Zambia for the ICASA conference and Mr. Kapinga, Clinical Officer attended a two week training workshop on IMCI. See appendix I and II for the report and an action plan for IMCI.

Preparation for two of the nurses who were identified for HIV/AIDS Counselling course in Kenya has been started. The two nurses are Ms. Chigwaru, and Mrs. Fulirwa, Enrolled Community Nurses and Midwife. The course is scheduled to take place in November 1999.

1. NGABU RURAL HOSPITAL

Renovation work for NRH started on 14th September 1999. The contractor for the kitchen, stores and a rehabilitation center was identified and agreement signed. Work was started mid September 1999. Both contractors have signed to complete work in three months time.

1. ADMINISTRATION AND MANAGEMENT

i. Cost Sharing

The cost sharing account was opened in September 1999. This account will be for such money that will be accrued from staff loans deductions taken for purchase of coffins for the extended members of families, private telephone calls, hospital tuck shop (kiosk), photocopying, etc.

ii. Staff Appraisals

The samples forms for staff appraisals were shared with the DHMT members. The idea seemed excellent but the mechanism will have to be worked out.

1. DHMT, Staff General and Budget Meetings

The DHMT managed to hold their monthly meetings as planned. Most of the issues discussed were for the district administration and management issues. Minutes of all the meetings are available for reference.

Staff general meetings have been held twice. The main agenda for staff meetings were issues related to staff welfare, briefings for new government plans, policies and the decentralization policy.

All but one funding for the district funds were discussed by the DHMT before allocation. The DHMT discussed the one time anomaly with concern and stressed that no one or two individuals should allocate funds without the required DHMT quorum.

1. Staff Development

Mr. Mgeni, Accounts Assistant on job computer training continuing. His training is mainly the basic computer commands and Lotus program for accounting services.

Mrs. Y. Uzamba the hospital copy typist and Mrs. Harawa, HSA and responsible for HIS data entry are being trained on word perfect and data entry.

Mrs. Gausi, Mr. Gogoda and Makanjira have completed the VSC training under at Banja La Mtsogolo. The report stated that, the team needed further catching before they could function on their own. To facilitate this a

program for continuous cauching at Ngabu BLM clinic was set from 20th and 23th Sepember 1999.

Mr. Kapinga, Clinical officer completed two weeks training on IMCI. He is now working on the District plan to train others

Mr. K. Chikonde, Senior CO and Acting DHO has had an orientation on HIV/AIDS in ICASA Conference in Zambia. He was excited with the experience and is planning on a strategy to implement some of the lessons learned.

Thirteen health officers from Chikwawa district Hospital, Ngabu Rural Hospital, IEF MICAH and CHAPS had a two week training in IEC. The training covered the process for IEC strategies and development of IEC materials. They also developed the District's IEC plan.

Mr. P. Chunga was sponsored by USAID for a degree course in Environmental Health. He is taking this program at the Polytechnic.

For a long time, the District has had only one anaesthetic. This made it impossible to carry out theatre services effectively, especially for maternity emergencies. In order to alleviate the difficult situation, Mr. Noniwa was selected and sent for training at Queen Elizabeth Hospital. He successfully completed the course and is now assisting during operations.

HEALTH INFORMATION SYSTEM (HIS)

A one day workshop for HIS was held on 23rd July 1999. The participants were drawn from all health centers, Chikwawa District Hospital, Ngabu Rural Hospital, SUCOMA and Montfort. The proceedings were based on the practical process for all tools used by staff for data colletion.

The workshop was set to answer the question: " What data are collecting?, How and when do wecollect these data?, Who sholud collect collect data?, Who do we collect the data for?, Are we able to analyse and use the data we collect?How do we ourselves use the data from our centers? How could the data be kept? Thes question were addressed through theory and practice. At the end of the day the staff developed plans for working through data. The actions were then to be monitored through the DHO routine visits and type of reporting being received at the district headquarters.The district's 1998 report was completed and copies sent to relevant offices and institutions.

However, the HSAs reporting system review and possible development of a standard form has not yet been done. This turned out to be more complicated than anticipated. Therefore, planning needed to be revisited. This will be done once Mr. Mulenga, the Acting DHI, has settled as

DHI, Mr. Chunga, the DHI, has started an eighteen months degree program at the Polytechnic.

iv. Staff Changes

Dr. Y.E.C. Ratsma, DHO Malawi contract ended and has already left for home and further studies. Her contribution to changes the health services in Chikwawa will be treasured for a long time. Some of the areas improved under her leadership included, law and order restored i.e staff began working according to the government's laid down policies, health centre supervision visits resumed, hospital hygiene had started showing signs of improvement, District debts were paid off, etc. Mr. K. Chikonde, a Senior Clinical Officer was appointed Acting DHO.

2. PROJECT INTERVENTIONS

A. INFORMATION, COMMUNICATION AND EDUCATION (IEC)

1. Development of a Comprehensive Plan for IEC in the District

Mr. Daudi Nturibi an IEC Specialist from Kenya arrived on 17th August for a fifteen days assignment. His assignment was to assist Chikwawa to try and improve and revitalize IEC activities in the District. The scope of work was developed following the findings of an internal needs assessment done by the DHMT and Program officers. Some of the findings were:

IEC efforts were reported to be low keyed and un-coordinated

Staff seemed to lack motivation and imagination

Any plans that were being made were not being carried out and /or monitored

Although the IEC department had some good materials and equipment, these were not being used effectively or were not being put to maximum use

There was not much team work between the different sub-units

Skills in use of IEC methods was lacking especially in counselling and in giving health talks

Interaction between clients and health providers was unsatisfactory

The focus for the technical assistance was therefore, set to cover both training and development of a comprehensive IEC plan. Areas covered were as following:

effective participatory planning

efficiency and effectiveness in implementation of plans

improved design and delivery of IEC messages and materials

increase awareness to improve behaviour change

writing a comprehensive IEC plan for Chikwawa

The workshop report will be ready for distribution end of September/October, but participants have draft plans to begin working with. The final report is expected first week of October 1999.

A. REPRODUCTIVE HEALTH

1. July to September 1999 Plans

- a. Complete the ongoing need assessment for outreach shelters
- b. Start renovation work on five outreach centers and construct three new ones
- c. Complete needs CBD primary supervisors' assessment reports
- d. Start CBD training based on findings

1. Achievements

a. Outreach Shelters

The team that had the responsibility for construction and renovation of outreach centers had planned to work on six new and renovate eleven halfway done outreach centers in the second year of the project. Construction/renovation started as scheduled for eight centers planned for July/September period. The progress on the work has been promising as the community was very much motivated. Most of them have very strong Village health committees and this committee set a sub committee, the Village Construction Committee. Outreach centers are of two categories as described below:

Category One: New constructions

Thabwani outreach all walls done, roofing to start soon. Community have prepared two pit latrines

Kajawo outreach at window level

Mchacha outreach at gable level

Makala outreach at window level

Nakumba outreach, because the community had involved itself with two other major project, school building, work has temporarily been stopped.

Mandrate, is now at foundation level, was not on the first list but was identified when Nankumba was found to have had other projects. Therefore, Mandrate was issued with the cement that was originally for Nankumba. Nakumba will be assisted when once their school project was complete.

Category two: Renovation Works

Mbande all construction completed. Community were working on construction of the two pit latrines

There, all walls completed, roofing in progress. Community constructing two pit latrines as well

It must be noted had a role to play, collecting and putting together locally available materials, bricks, poles, sand, water and identify local builders. The project support on cement, doors, iron sheets, paying the builders and technical advice. All centers were set in accordance to the MOHP recommended plans.

b. Community Based Distributors Agents

Following the needs assessment, (N.B. note the findings were reported in the last quarter progress report), for the Community based Distribution Program, refresher courses were organized for all CBDAs, the primary supervisor and CBD training for health center FP providers. The CBDA committee developed a plan for the refreshers. The District has 92 CBDAs and 32 HSAs trained as primary supervisors. These were divided into four manageable groups for the refresher trainings.

One of the important findings from the needs assessment was the break of communication between Family Planning providers at health center level, HSAs and CBDAs and because of this CBDAs had no channel for sending their activity reports to the health facilities. The main reason was due to non involvement of the FP providers during training for CBDAs and most were not trained in CBD programs either.

This omission that led to a break of communication between the CBDAs and health facilities. Because of this, some important family planning records were being omitted. It was therefore, necessary to train all FP providers in CBD and 17 had the benefit for the training.

After the Family planning providers training, refresher courses for all HSA and CBDAs except those on the Eastern and Chikwawa, were set. There was a discrepancy in the selection for the CBDAs in the two areas mentioned. The refreshers for these will be carried out after getting some extra information through focus discussions set for 27 September 4 October 1999.

However, courses for the rest of the CBDAs and HSA started in July 1999 and to date 66.3% of the total number CBDAs and 56.3% of the supervisors have completed their training.

The objectives of the courses were:

At the end of the refresher courses CBDAs will be;

1. supported by the immediate and secondary supervisors
2. CBDAs activities will be included with the rest of the district family planning reports.
3. CBDAs will receive the contraceptives for distribution regularly

12th to 16th July, 24 CBDAs and seven primary supervisors from Chapananga, Katunga and Kasisi TAs had refresher training

24th to 28th May 1999, 15 CBDAs and 4 primary supervisors from had refresher training

6th to 11th September, 22 CBDAs and 7 primary supervisors had refresher training

c. COMMUNITY-BASED TREATMENT FOR MALARIA AND DIARRHEA PREVENTION AND ARI

Development of new and revitalizing the old DRF was an activity expected to lead to the achievement of this objective. The plan that was set since last physical year was as following:

A. July to September 1999 Plans

Start activities based on findings (remobilise communities, train and replenish DRFs kits)

7.3.1 Achievements

The activities that have been put in place to re-activate DRFs, include

Revision and translation of the National DRF manual. This was done in order to include the MOHP recommendations from the Mangochi DRF workshop.

Community mobilisation was done in 10 non active DRF. A series of meetings were held with VHC, members of the community, HSA in the relevant villages, chiefs and the village leaders. The purpose for these meetings were to discuss the process of running DRFs, solicit communities views in reactivating their DRFs, and guidelines for selecting a full team for managing DRFs. In each village, during the last meeting, names of selected volunteers were collected in order to plan for training.

Six key members who would normally have a role to play in DRF management were invited to a four days workshop organised by MOHP headquarters. The workshop was for staff orientation on DRF management and discussion on standard guidelines for DRF setting and management.

Belethe village were supported through funds from International Union for Conservation of Nature (IUCN).

INCREASING ACCESS AND ACCEPTANCE FOR ORT AND DIARRHEA MESSAGES INCLUDING B/F

A. **July to September 1999**

Training of health workers from Chikwawa on exclusive breast feeding

This program was started but failed due to allowance misunderstanding. The DHO and CHAPS Project Manager are still working on mechanism for understanding.

I. **INCREASE ACCESS TO AND ACCEPTANCE FOR CONSUMPTION AND PRESERVATION OF PROTEIN, MICRONUTRIENT AND OIL RICH FOODS**

A. **July to September 1999 Plans**

Continue training on soya utilization and community based feeding for children under five

Training for ----- in four villages with communal gardens and 20 household farmers in Gola area was done between -----to -----.

The farmers from Gola who had good harvest for groundnuts gave 2880kg for distribution to other farmers who have shown interest in groundnuts growing.

Twenty new farmers have been identified for seed distribution for the November 1999 season.

I. WATER AND SANITATION

The following activities were planned for July to September 1999 quarter:

I. PRIMARY EYE CARE

A. July to September 1999 Plans

Carry out the Cataract and Trachoma Survey

Continue developing the program for school for preventive eye care services

A. Achievements

11.2.1 Carry out the Cataract and Trachoma Survey

Preparation for this survey was started in July 1999, this was followed by the actual field survey that was completed in the first week September. Data entry is nearly complete. The report will be compiled with support from IEF USA office. The funding was shared between IEF Trachoma program and CHAPS project. The result will be used for Chikwawa District but will be shared by other districts in Malawi.

Target for the survey was 1500 adults over 50 years of age and 1200 children between ages one to six years. Four OMAs were recruited for the technical examination, four interviewers and Mr. Mekiseni as a full time field supervisor. The teams were supported by Dr. N. Metcalfe, Dr. Witte, Mr. A. Houschman and Ms Naisho.

Data entry has been done by George Mekiseni, Hilda and Siameto tem leader for data entry and supervisor.

11.2.2 School Program for Preventive Eye Care Services

INCREASE HIV/AIDS AWARENESS AND PREVENTION THROUGH CONDOM PROMOTION AND ADULT LITERACY

A. July to September 1999 Plans

Distribution of three thousand condoms was to be carried out during the KAP survey

The KAP questionnaire was to be revised, tested and survey carried out

Request for at least 30,000 condoms for distribution in the district

Adult literacy literacy: training of instructors and recruiting women for literacy and negotiation skills training

A. Achievements and Failures

Condom Distribution and KAP Study for Bar and Rest Houses Owners and Workers

Although the questionnaire has been revised, the team working on this feel that a survey may not be necessary, because of the several other survey done in the district. Therefore as soon as the mid-term project evaluations is completed, the collected literature will be reviewed and depended on findings, plans for intervention will be carried out.

Meanwhile, 30,000 condoms have ben ordered and sent to the district and these are being distributed through health facilities and CBDAs.

Teaching of women to read, write and negotiating skills in HIV/AIDS prevention

Twenty instructors have been selected from the existing 97 government instructors. All the twenty Adult literacy instructors have been trained on Learner Centred Problem Solving Approach (LePSA), an approach that helps the learner discover herself, her problems and how to solve problems identified. A consultant for this training has been hired for this activity. During the training guidelines for using the curriculum were developed and copies given to each instructor.

Training materials i.e. blackboards, chalk and other writing materials were given to each instructor.

Following the instructors' training, 317 women have been recruited from twenty villages spread out in the district on 2nd August 1999. These classes will continue for ten months. In the first three months all the women will be taught on how to read and write. In

December 1999, education on family planning and HIV/AIDS will be started.

In August the facilitators started training for Adult Literacy Committees. Already 18 members have been trained from 3 centers.

I. PLANS FOR OCTOBER TO DECEMBER 1999

A. Capacity Building

A consultant for Accounting work with the Accountant Assistance and Systems Advisor on the appropriate accounting system for the district

Monitoring of the transport management progress

Quality Assurance for supervision and health facility hygiene

Ngabu Rural Hospital renovations begin

All management meeting continue as scheduled

A. Project Interventions

1. Reproductive Health

CBD refresher courses continue for HSA and CBDAs and CBDAs kits replenished

Complete the findings for Eastern Bank and Chikwawa CBDAs

Identify one area for training of additional CBDAs

Continue work and community mobilization for Outreach Centres

2.

Ten inactive DRFs helped to start serving the communities with Malaria, ARI and Diarrhea management

Update 40 active GMVs on use of ORS and train 15 new ones on ORS and exclusive breastfeeding

Continue training facility health staff on baby friendly approach

Continue activities on water and sanitation as planned in the April/March 2000 Annual Plan

Start teacher training for a school health program when the schools are closed

Carry out the population-based survey of cataract and trachoma surgical outcome and community acceptance for surgery

Complete and write a report on literature review on HBC in Malawi and develop plans for the district.

Complete the adult literacy instructors training and start 20 female literacy classes